

Board of Governors of the Federal Reserve System, September 28, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-25649 Filed 10-1-99; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 29, 1999.

A. Federal Reserve Bank of New York (Betsy Buttrill White, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Caisse Nationale de Credit Agricole*, Paris, France; to become, through its investment in Bepar-Sociedade Gestora de Participacoes Sociais, S.A., Lisbon, Portugal, and Banco Espirito Santo e Commercial de Lisboa, S.A. ("BESCL"), both of Lisbon, Portugal, a bank holding company as a result of the acquisition by BESCL of 100 percent of the voting shares of Espirito Santo Bank, Miami, Florida.

B. Federal Reserve Bank of Richmond (A. Linwood Gill III,

Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *South Branch Valley Bancorp, Inc.*, Moorefield, West Virginia; to acquire 100 percent of the voting shares of Potomac Valley Bank, Petersburg, West Virginia.

Board of Governors of the Federal Reserve System, September 29, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99-25725 Filed 10-1-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of a Meeting of the National Bioethics Advisory Commission (NBAC)

SUMMARY: Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of a meeting of the National Bioethics Advisory Commission. The Commission will address (1) the international project and (2) the comprehensive system of human subjects protections. Some Commission members may participate by telephone conference. The meeting is open to the public and opportunities for statements by the public will be provided on October 21, 1999 from 11:30 am to 12 noon.

Dates/times	Location
October 21, 1999, 8:30 am–5:00 pm.	Holiday Inn Georgetown, Mirage Ballroom, 2101 Wisconsin Avenue, NW., Washington, DC 20007.
October 22, 1999, 8:30 am–12 Noon.	Same Location as Above.

SUPPLEMENTARY INFORMATION: The President established the National Bioethics Advisory Commission (NBAC) on October 3, 1995 by Executive Order 12975 as amended. The mission of the NBAC is to advise and make recommendations to the National Science and Technology Council, its Chair, the President, and other entities on bioethical issues arising from the research on human biology and behavior, and from the applications of that research.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first serve basis. Members of the public who wish to present oral statements should

contact Ms. Patricia Norris by telephone, fax machine, or mail as shown below and as soon as possible at least 4 days before the meeting. The Chair will reserve time for presentations by persons requesting to speak and asks that oral statements be limited to five minutes. The order of persons wanting to make a statement will be assigned in the order in which requests are received. Individuals unable to make oral presentations can mail or fax their written comments to the NBAC staff office at least five business days prior to the meeting for distribution to the Commission and inclusion in the public record. The Commission also accepts general comments at its website at bioethics.gov. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact NBAC staff at the address or telephone number listed below as soon as possible.

FOR FURTHER INFORMATION CONTACT: Ms. Patricia Norris, National Bioethics Advisory Commission, 6100 Executive Boulevard, Suite 5B01, Rockville, Maryland 20892-7508, telephone 301-402-4242, fax number 301-480-6900.

Dated: September 28, 1999.

Eric M. Meslin,

Executive Director,

National Bioethics Advisory Commission.

[FR Doc. 99-25735 Filed 10-1-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-43]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506 (c) (2) (A) of the Paperwork reduction Act of 1995, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) The accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) Ways to enhance the quality, utility, and clarity of the information to be collected; and (d) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

Multi-Center Cohort Study to Assess the Risk and Consequences of Hepatitis

C Virus Transmission from Mother to Infant (0920-0344)—Renewal—The National Center for Infectious Diseases (NCID)—The purpose of the proposed study is (1) To determine the incidence of vertical hepatitis C virus (HCV) transmission, (2) To assess risk factors for vertical HCV transmission, (3) To assess the clinical course of disease among infants with HCV infection, and (4) To assess diagnostic methods for detecting HCV infection in infants. HCV is a blood-borne pathogen and is the major etiologic agent of what was previously referred to as parenterally-transmitted non-A, non-B hepatitis. Diagnostic tests for HCV infection have recently been developed and HCV has

been demonstrated to account for about 20% of all cases of viral hepatitis in the United States. Virtually all adults with acute HCV infection may become chronically infected and 50%–60% may develop chronic liver disease with persistently elevated liver enzymes. Of adults with chronic liver disease, 30%–60% may develop chronic active hepatitis and 5%–20% may develop cirrhosis within five years after illness onset. HCV is also a major contributing cause of hepatocellular carcinoma. An estimated 8,000–10,000 chronic liver disease deaths per year in the United States are attributable to HCV infection. There are no costs to respondents other than their time to participate.

Form name	No. of respondents	No. responses per respondent	Burden hours per respondent	Total burden hours
Form A	300	1	0.25	75
Form B	1200	1	0.25	300
Form C	300	1	0.10	30
Form E	300	1	0.25	75
Form G	300	8	0.10	240
Total	720

2. Chronic Fatigue Syndrome (CFS) Surveillance and Related Studies, Prevalence and Incidence of Fatiguing Illness in Sedgewick County, Kansas (0920-0401)—Renewal—The National Center for Infectious Diseases (NCID)—A Population-Based CFS Study was done previously in Kansas in 1997. Data from this cross-sectional, random-digit-dial survey of prolonged fatiguing

illness in Wichita, Kansas will be added to the data previously obtained during the past 24-months from this population.

The proposed study continues the Sedgewick County study using identical methodology and data collection instruments. Beginning with a random-digit-dial telephone survey to identify previously identified fatigued and non-

fatigued individuals, followed by a detailed telephone interview to obtain additional data on participants' health status during the last 12-month period. Study objectives remain to refine estimates of CFS in Wichita, identify similarities and differences among fatigued and non-fatigued subjects and to describe the clinical course of fatiguing illness in this population.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ respondent (in hrs.)	Total burden (in hrs.)
Individuals screened	4,500	1	0.083	374
Individuals interviewed	4,500	1	0.25	1,125
Total	1,499

Nancy Cheal,

Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99-25683 Filed 10-1-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: The Administrations budget request for fiscal year (FY) 2000 includes \$11,000,000 for the Indian Health Service Loan Repayment Program for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,000,000 will be available to support approximately 275 competing awards averaging \$40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to

coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of the fiscal year. This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCIA) as amended, 25 U.S.C. 1601 *et seq.* The IHS invites potential applicants to request an application for participation in the Loan Repayment Program.

DATES: Applications for the FY 2000 Loan Repayment Program will be accepted and evaluated monthly beginning January 14, 2000, and will